

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting period 03/01/2009 to 2/28/2010
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :

LABOR CONSULTANTS OF CALIFORNIA

2. LCP I.D. Number (assigned by DIR):

2003-00026

3. Date of Initial Approval: 03/17/2003

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Richard Perez, Owner/Labor Compliance Manager

P. O. Box 1875 Hanford, CA. 93232

Telephone: (559) 584-7499/ Fax: (559) 584-0897/ Email: laborc@cnetech.com

5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If *none*, please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant 455 Golden Gate Avenue, 10th Floor, San Francisco, CA 94102.

Corcoran Joint Unified School District

Home Garden Community Service District

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary): A listing of contact persons at DIR/DLSE that can provide timely answers to enforcement issues that come up during the monitoring of a LCP public project. There have been changes in personnel at the DIR/DLSE over the last several weeks through the establishment of the new Compliance Monitoring Unit.

SUBMITTED BY:



Signature

Richard Perez, Owner/Labor Compliance Mgr.
Name and Title

Date: April 24, 2010

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and *please complete separate forms for each Awarding Body covered in this report*).

Awarding Body: Corcoran Joint Unified School District

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
SB 15 Joint Use Teacher Education Facility	August 25, 2008	Sequoia Construction Company	\$5,132,000.00
Total			\$5,132,000.00

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
SB 15 Joint Use Teacher Education Facility	Todd Plumbing/ T-2 Electrical	None	\$13,007	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Restitution for Travel and Subsistence pursuant to Electrician's Travel Policy
(See Attached Summary)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total : \$8,000

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
No forfeiture was assessed			Subject contractor paid the wage restitution upon request by LCP.
			(See attached Summary)
Total			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
None										
Total										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
None	None			

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:

☐ Yes

☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:

☐ Yes

☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____
A request to DAS for the forms necessary to file a public works complaint was made however the contractor (s) in question are no longer in business.

(See Attached Summary)

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and *please complete separate forms for each Awarding Body covered in this report*).

Awarding Body: Home Garden Community Service District

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Infrastructure Improvements Arsenic Water Treatment Water Plant – Phase 2	7/20/09	Grizzly Construction, Inc.	\$711,896
(See Attached Summary)			
Total			\$

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
Infrastructure Improvements Arsenic Water Treatment Water Treatment Plant – Phase 2	None	None	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(See Attached Summary)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total					

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
None			
Total			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
None										
Total										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
None	None			

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: ☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:

☐ Yes

☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed. (See attached California Form 700's)

8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.

A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

Labor Consultants of California is a state-wide labor compliance program provider. We currently are working on two contracts as outlined in this report.
For projects that require substantial travel, Labor Consultants of California will hire additional staff to satisfactorily provide labor compliance program monitoring.

B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

Labor Consultants of California does not share personnel management, ownership or other close affiliation with any contractor or subcontractor or any person or entity as listed under CCR 16226 (a) (3) (A) (B) (C) and (D).

C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

Attorney/Law Firm Name (include address, contact person, and telephone number)

Tomas E. Margain, Esq. 28 North First Street, Suite 210 San Jose, CA. 95113 (408) 297-4729

**Attached Summary to Labor Compliance Program Annual Report
For Labor Consultants of California (LCC) Reporting Period
March 1, 2009 to February 28, 2010**

During the period of March 1, 2009 to February 28, 2010 LCC monitored the following two projects:

1. Awarding Body: Corcoran Joint Unified School District
Project: SB 15 Joint Use Teacher Education Facility

The prevailing wage monitoring has not been completed. LCC's last correspondence to the prime contractor was sent on April 26, 2010 regarding outstanding labor standards issues pertaining to twelve (12) remaining contractors. The issues vary from compliance with the apprenticeship requirements, verification of the training and fringe benefit payments, verification of travel and subsistence payments and request for payment of classification increases. This project was also subject to federal Davis-Bacon and Related Acts (DBRA) compliance. (A copy of the letter is available for review)

Additionally, there are two (2) subcontractors that are no longer in business. We requested wage restitution and payment of the apprenticeship training fund in addition to providing verification of the fringe benefit payments. The prime contractor has shown a willingness to pay the amounts however since payment has not been made by the subcontractors we requested guidance from DIR/DLSE's Nance Steffen whether forfeitures can still be assessed against the general if the subcontractors are no longer in business.

There were two (2) subcontractors that paid wage restitution for travel and subsistence pursuant to the Electrician's Travel and Subsistence Policy for Kings County as shown on B of the report. LCC provided a copy of the policy during the monitoring however the contractors requested clarification from DIR/DLSE on these issues. Upon receiving the clarification, the subcontractors paid the listed amounts to approximately 18 workers. No forfeitures or penalties were assessed since the contractors provided payment to the workers and submitted verification of those payments to LCC.

LCC is continuing to monitor this project and additional activity will be included in the next reporting period.

2. Awarding Body: Home Garden Community Service District
Project: Infrastructure Improvements Arsenic Water Treatment Plant – Phase 2

The prevailing wage monitoring has not been completed for this project as LCC continues to monitor for state prevailing wages. Although the construction phase started in the latter part of 2009 LCC has been on contract since 2008 assisting their attorney in the bid language. Since the funding sources are from the State's Revolving Fund Grant and are passed on through the State Department of Water Resources, the engineering firm

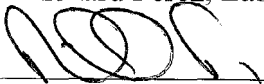
for the awarding body has submitted four (4) claims for payment and no monies have been received as of today's date. LCC has not been paid since the start of this project.

Additionally, there were two interested parties that requested certified payroll records for the prime contractor, Foundation for Fair Contracting and the Cement Masons Union. Redacted records were provided on behalf of the awarding body by LCC.

A third request for certified payroll records was made to the prime contractor by DLSE. The prime contractor provided copies of the records.

LCC is continuing to monitor this project and will be included in the next reporting period.

By: Richard Perez, Labor Compliance Manager



COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Perez	Ofelia	Chapa	(559) 584-7499
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
2173 W. Picadilly Lane		Hanford	CA
			ZIP CODE
			93230
			OPTIONAL: E-MAIL ADDRESS
			laborc@cnetech.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Corcoran Joint Unified School District

Division, Board, District, if applicable:

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☒ Other School District

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached

Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached

Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached

Real Property

Schedule C ☐ Yes – schedule attached

Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached

Income – Gifts

Schedule E ☐ Yes – schedule attached

Income – Gifts – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 21, 2010
(month, day, year)

Signature Ofelia Chapa Perez
(File the originally signed statement with your filing official.)

COVER PAGE

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Perez	Ofella	Chapa	(559) 584-7499
MAILING ADDRESS STREET CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
2173 W. Picadilly Lane Hanford	CA	93230	laborc@cnetech.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Home Garden Community Service District

Division, Board, District, if applicable:

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

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Perez	Richard		(559) 584-7499	
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(Business Address Acceptable)				
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Date Signed April 21, 2010
(month, day, year)

Signature 
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